

Appeal to the Board of Adjustment Application

Please complete and attach Form No. 133, Board of Adjustment Appeal Supplementary Questionnaire.

Location of the property that is the subject of the appeal (if applicable)				
Summation and explanation of the appeal:				
Has the City issued a N	lotice of Violation? Yes:	No:	If yes, please attach a co	opy of the notice/letter.
Name of person appeal	ing			
Mailing Address			Phone Number	
City, State, Zip Code			Fax Number	
Physical location/address (if different than mailing address):				
Name of representative of person appealing (if applicable)				
Mailing Address			Phone Number	
City, State, Zip Code			Fax Number	
As provided in the City of Chandler Zoning Ordinance, I appeal the action of the Zoning Administrator. In making this appeal, I understand that the mere filing of this appeal and payment of fees does not entitle me to the relief requested.				
Signature of person/person's representative appealing			Date	Fee
For City Use				
Date Filed	Development No.	Case Planner		